	Fill in this in	formation to identify yo	our case:		Check one box only a Form 122A-1Supp:	s directed in this form and in					
	Debtor 1	Jose	Hector	Hernandez Flores	FOIII 122A-13upp.						
	Debior 1	First Name	Middle Name	Last Name	x 1. There is no presum	ption of abuse.					
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	2. The calculation to determine if a presumption abuse applies will be made under Chapter 7 I Test Calculation (Official Form 122A-2).						
	United States	Bankruptcy Court for the : _	EASTERN DISTRICT OF WISCO		•						
	Case Number (If known)			3. The Means Test does not apply now because of qualified military service but it could apply later.							
					Check if this is an	amended filing					
О	official Fo	orm 122A-1									
			of Your Curren	4 Manthly Income			04/20				
<u> </u>	napter	/ Statement	of Your Curren	t Monthly Income			04/20				
ad yo Pre	ditional pages u do not have esumption of	s, write your name and primarily consumer de Abuse Under §707(b)(2	case number (if known). If yo ebts or because of qualifying t) (Official Form 122A-1Supp)	ne number to which the additional to believe that you are exempted f military service, complete and file with this form.	rom a presumption of abu	se because					
F	Part II. C	alculate Your Current Mo	ontniy income								
1.	Not Married. Fill out column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. X Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. X Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declareunder penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in										
			ng to report for any line, write		erty, par are moonie nom a	iat proporty iii					
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse					
2.	Your gross v		uses, overtime, and commis	sions (before all	\$4,091.17	\$0.00					
3.	Alimony and Column B is		ts. Do not include payments fro	om a spouse if	\$0.00	\$0.00					
4.	of you or you from an unm and roomma	ur dependents, includir arried partner, members	n are regularly paid for house ng child support. Include regul s of your household, your depet tributions from a spouse only it u listed on line 3.	lar contributions ndents, parents,	\$0.00	\$0.00					
5.	Net income	from operating a busin	ess, profession, or farm								
	·	ts (before all deductions		\$0.00							
	-	necessary operating ex		\$0.00	^	Φ 0.00					
	Net monthly	income from a business	, profession, or farm	\$0.00	\$0.00	\$ 0.00					
6.	Net income	from rental and other re	eal property	\$0.00							
		ts (before all deductions	•	\$0.00							
		I necessary operating ex income from rental or ot		\$0.00	\$0.00	\$ 0.00					
	. act morning	moonio nomi ientai di di	inor rour property								

\$0.00

\$0.00

7. Interest, dividends, and royalties

Deb	otor 1	Jose	Hector	Hernandez Flores	Case Number (if known)		
		First Name	Middle Name	Last Name			
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8.	Unem	ployment compe	nsation	\$0.00	\$0.00		
	Do not under	enter the amoun the Social Securi	it if you contend that the amount red ty Act. Instead, list it here:	ceived was a benefit			
	For yo	ou					
	For yo	our spouse					
	benefi not inc United disabi pay pa does i	it under the Social clude any competed States Government, or death of a laid under chapter not exceed the ar	income. Do not include any amour al Security Act. Also, except as state insation, pension, pay, annuity, or al nent in connection with a disability, member of the uniformed services. 61 of title 10, then include that pay mount of retired pay to which you wision of title 10 other than chapter 6.	ed in the next sentence, do llowance paid by the combat-related injury or If you received any retired only to the extent that it ould otherwise be entitled if	\$0.00	\$0.00	
	Do no under under corons crime pension with a	t include any ben the Federal law in the National Ema avirus disease 20 against humanity on, pay, annuity, disability, comba med services. If r	sources not listed above. Specify refits received under the Social Secrelating to the national emergency of ergencies Act (50 U.S.C. 1601 et second 19 (COVID-19); payments received or or international or domestic terror or allowance paid by the United Stattelated injury or disability, or deat necessary, list other sources on a second 19 or	urity Act; payments made declared by the President eq.) with respect to the d as a victim of a war crime, a ism; or compensation, tes Government in connection h of a member of the			
	10a				\$0.00	\$ 0.00	
			_		\$ 0.00	\$0.00	
			n separate pages, if any.		\$0.00	\$0.00	
11.			urrent monthly income. Add lines 2 total for Column A to the total for Co		\$4,091.17 +	\$0.00 =	\$4,091.17
							Total current monthly income
P	art 2:	Determine W	/hether the Means Test Applies to Y	ou			
		=	t monthly income for the year. Fol	·	0	40-	
	12a.	Copy your total o	current monthly income from line 11		Copy line 11 here	12a.	\$4,091.17
		Multiply by 12 (th	ne number of months in a year).			_	x 12
	12b.	The result is you	r annual income for this part of the	form.		12b.	\$49,094.04
13.	Calcu	late the median	family income that applies to you.	Follow these steps:			
	Fill in	the state in which	n you live.	WI			
	Fill in	the number of pe	ople in your household.	2			
	To fin	d a list of applical	-	household line using the link specified in the se the bankruptcy clerk's office.		13.	\$73,061.00
14.	How	do the lines com	pare?				
	14a. [x Line 12b is less Go to Part 3.	s than or equal to line 13. On the to	p of page 1, check box 1, There is	no presumption of abuse.		
	14b.		re than line 13. On the top of page and fill out Form 122A-2.	1, check box 2, The presumption of	f abuse is determined by Form 1	22A-2.	

Debtor 1 Jose Hector Hernandez Flores Case Number (if known)

First Name

Middle Name

Last Name

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

/s/ Jose Hector Hernandez Flores

Jose Hector Hernandez Flores

Date:05/19/2021

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.